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|--|--|--------------------------|---------------------|
|  <b>FEE TRANSMITTAL</b><br><b>for FY 2005</b><br>Patent fees are subject to annual revision. |  | <b>Complete if Known</b> |                     |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 10/039,537          |
|  |  | Filing Date              | January 4, 2002     |
|  |  | First Named Inventor     | Dietrich W. Schultz |
|  |  | Examiner Name            | Gregory J. Vaughn   |
|  |  | Art Unit                 | 2178                |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 395  |  | Attorney Docket No.      | 21540-05742         |

| METHOD OF PAYMENT (check all that apply)  |          |   |                | FEE CALCULATION (continued)   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
|---|----------|---|----------------|---|----------|--------------|----------------|-----------------|--------------|--------------|----------|-----------------|----------|--------------------|----------|----------|----------|------------------------|--------------------|------|------|------|-----------------------------------|--|-----|------|-----|---------------------------------------|------|--|------|------|---|------|-----|---------------------------|----|---|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|------|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|------|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|-----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|------|------|-----|-----------------|--|------|---|------|---|---------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|-----|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:  |          |   |                | <b>3. ADDITIONAL FEES</b>   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">19-2555</span>  |          | Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;">Fenwick &amp; West LLP</span> |                | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Large Entity</th> <th colspan="2" style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath or declaration</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>1100</td><td>2503</td><td>550</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>—</td><td>1460</td><td>—</td><td>Petitions to the Director</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee for Provisional Applications</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td style="text-align: right;">395</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4" style="padding: 5px;">Other fee (specify) _____</td> <td colspan="2" style="padding: 5px;"></td> </tr> </table> |          |              |                | Large Entity    |              | Small Entity |          | Fee Description | Fee Paid | Fee Code           | Fee (\$) | Fee Code | Fee (\$) |                        |                    | 1051 | 130  | 2051 | 65                                | Surcharge - late filing fee or oath or declaration |     | 1052 | 50  | 2052                                  | 25   | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130   | 1053 | 130 | Non-English specification |    | 1812  | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 120 | 2251 | 60 | Extension for reply within first month |  | 1252 | 450 | 2252 | 225 | Extension for reply within second month |  | 1253 | 1020 | 2253 | 510 | Extension for reply within third month |  | 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month |  | 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month |  | 1401 | 500 | 2401 | 250 | Notice of Appeal |  | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal |  | 1403 | 1000 | 2403 | 500 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable |  | 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional |  | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) |  | 1502 | 800 | 2502 | 400 | Design issue fee |  | 1503 | 1100 | 2503 | 550 | Plant issue fee |  | 1460 | — | 1460 | — | Petitions to the Director |  | 1807 | 50 | 1807 | 50 | Processing fee for Provisional Applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | 395 | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity  |          | Small Entity  |                | Fee Description   | Fee Paid |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$)       |   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1051  | 130      | 2051  | 65             | Surcharge - late filing fee or oath or declaration  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1052  | 50       | 2052  | 25             | Surcharge - late provisional filing fee or cover sheet  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1053  | 130      | 1053  | 130            | Non-English specification   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1812  | 2,520    | 1812  | 2,520          | For filing a request for <i>ex parte</i> reexamination  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1804  | 920*     | 1804  | 920*           | Requesting publication of SIR prior to Examiner action  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1805  | 1,840*   | 1805  | 1,840*         | Requesting publication of SIR after Examiner action   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1251  | 120      | 2251  | 60             | Extension for reply within first month  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1252  | 450      | 2252  | 225            | Extension for reply within second month   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1253  | 1020     | 2253  | 510            | Extension for reply within third month  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1254  | 1,590    | 2254  | 795            | Extension for reply within fourth month   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1255  | 2,160    | 2255  | 1,080          | Extension for reply within fifth month  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1401  | 500      | 2401  | 250            | Notice of Appeal  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1402  | 500      | 2402  | 250            | Filing a brief in support of an appeal  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1403  | 1000     | 2403  | 500            | Request for oral hearing  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1451  | 1,510    | 1451  | 1,510          | Petition to institute a public use proceeding   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1452  | 500      | 2452  | 250            | Petition to revive - unavoidable  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1453  | 1,500    | 2453  | 750            | Petition to revive - unintentional  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1501  | 1,400    | 2501  | 700            | Utility issue fee (or reissue)  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1502  | 800      | 2502  | 400            | Design issue fee  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1503  | 1100     | 2503  | 550            | Plant issue fee   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1460  | —        | 1460  | —              | Petitions to the Director   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1807  | 50       | 1807  | 50             | Processing fee for Provisional Applications   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1806  | 180      | 1806  | 180            | Submission of Information Disclosure Stmt   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 8021  | 40       | 8021  | 40             | Recording each patent assignment per property (times number of properties)  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1809  | 790      | 2809  | 395            | Filing a submission after final rejection (37 CFR 1.129(a))   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1810  | 790      | 2810  | 395            | For each additional invention to be examined (37 CFR 1.129(b))  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1801  | 790      | 2801  | 395            | Request for Continued Examination (RCE)   | 395      |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1802  | 900      | 1802  | 900            | Request for expedited examination of a design application   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| Other fee (specify) _____   |          |   |                |   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>FEE CALCULATION</b>  |          |   |                | <b>SUBTOTAL (3)</b> <span style="border: 1px solid black; padding: 2px 20px;">(\$ ) 395</span>  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b>  |          |   |                | <b>SUBTOTAL (1)</b> <span style="border: 1px solid black; padding: 2px 20px;">(\$ ) .00</span>  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>  |          |   |                | <b>SUBTOTAL (2)</b> <span style="border: 1px solid black; padding: 2px 20px;">(\$ ) .00</span>  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Extra Claims</th> <th style="text-align: center;">Fee from below</th> <th style="text-align: center;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">-20**=</td> <td style="text-align: center;">X</td> <td style="text-align: center;">=</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">-3**=</td> <td style="text-align: center;">X</td> <td style="text-align: center;">=</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td style="text-align: center;">=</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>  |          |   |                |   |          | Extra Claims | Fee from below | Fee Paid        | Total Claims | -20**=       | X        | =               | 0        | Independent Claims | -3**=    | X        | =        | 0                      | Multiple Dependent |      |      | =    | 0                                 |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
|   |          | Extra Claims  | Fee from below | Fee Paid  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| Total Claims  | -20**=   | X   | =              | 0   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| Independent Claims  | -3**=    | X   | =              | 0   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| Multiple Dependent  |          |   | =              | 0   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Large Entity</th> <th colspan="2" style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |          |   |                | Large Entity  |          | Small Entity |                | Fee Description | Fee Code     | Fee (\$)     | Fee Code | Fee (\$)        |          | 1202               | 50       | 2202     | 25       | Claims in excess of 20 | 1201               | 200  | 2201 | 100  | Independent claims in excess of 3 | 1203   | 360 | 2203 | 180 | Multiple dependent claim, if not paid | 1204 | 200  | 2204 | 100  | **Reissue independent claims over original patent | 1205 | 50  | 2205                      | 25 | **Reissue claims in excess of 20 and over original patent |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| Large Entity  |          | Small Entity  |                | Fee Description   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$)       |   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1202  | 50       | 2202  | 25             | Claims in excess of 20  |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1201  | 200      | 2201  | 100            | Independent claims in excess of 3   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1203  | 360      | 2203  | 180            | Multiple dependent claim, if not paid   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1204  | 200      | 2204  | 100            | **Reissue independent claims over original patent   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1205  | 50       | 2205  | 25             | **Reissue claims in excess of 20 and over original patent   |          |              |                |                 |              |              |          |                 |          |                    |          |          |          |                        |                    |      |      |      |                                   |  |     |      |     |                                       |      |  |      |      |   |      |     |                           |    |   |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |   |      |   |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |